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CONFIRMATION NO. 4622

<b>SERIAL NUMBER</b> 10/623,949	<b>FILING OR 371(c) DATE</b> 07/21/2003 <b>RULE</b>	<b>CLASS</b> 408	<b>GROUP ART UNIT</b> 3722	<b>ATTORNEY DOCKET NO.</b> 3827.116	
<b>APPLICANTS</b> Bernd Killinger, Inverness, IL; Mike Bodin, Loveland, OH;					
<b>** CONTINUING DATA *****</b> <i>N/A</i>					
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 102 34 346.2 07/26/2002 <i>RWP</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/20/2003</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allyance</i> Examiner's Signature <i>Allyance</i> Initials <i>RWP</i>		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 30448					
<b>TITLE</b> Tool head with at least two indexable cutting inserts					
<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		